225857

## AUTHORIZED UTILITY REPRESENTATIVE FORM

S. C. PUBLIC SERMICE COMMISSION
ECEIVE
S.EP 0 3 2010

		TYPE:	[ ] Water	[ ] Sewer	[X] Both	MECE
		CERTI	FICATED CO	MPANY INFOR	RMATION	
	es, Inc. any Name	4.0				
Tega	Cay Water Service, In	ıc.			(800) 272-1919	<b>)</b>
Dba/fi	ка				Telephone	
	leathersfield Avenue ng Address	***		**************************************		
Altam	onte Springs, FL 327	14-4027				
Oity, S	state, Zip Code					
	ueen Parkway ess Location			***		
West	Columbia, SC 29169				Lexington	
City, S	tate, Zip Code				County	
		REG	ISTERED AC	SENT INFORMA	ATION	
Regist	ered Agent: Cor	poration Se	rvice Comp	any		
Mailing	Address:170	3 Laurel St	reet			
City, S	tate, Zip Code: <u>Col</u>	umbia, SC	29201			
Pursu	ant to the Commission	n's rules a	nd regulatio	ns, print or typ	e company contact	for the following:
A.	Regulatory Officer: §	iteven M. Li	ubertozzi, Ex	ecutive Dir. of	Regulatory Accoun	ting and Affairs
	(847) 498-64	140 /	(847) 498-64	198 / sm	lubertozzi@uiwater.	.com
	Telephone Number	/ Facsimi	le Number	/ E-mail Add	dress	
В.	Customer Relations	(Complaints	): <u>Eliş</u>	e Christian, Cu	stomer Care Specia	list
	(321) 972-03	56 /	(407) 869-69	61 / esc	hristian@uiwater.co	om
	Telephone Number	/ Facsimi	le Number	/ E-mail Add	dress	
C.	Engineering Operation	ons:	Patrick C. F	ynn, Regional	Director	
	(321) 972-03	59 /	(407) 869-69	61 / pcf	lynn@uiwater.com	
	Telephone Number	/ Facsimi	le Number	/ E-mail Add	fress	

D.	Test and Repair: Utilities, Inc Customer Service						
	(800) 272-1919 / (407) 869-4416 / customerservice@uiwater.com						
	Telephone Number / Facsimile Number / E-mail Address						
E.	Emergencies: 24 Hour Answering Service						
	(During Non-Office Hours)						
	Telephone Number / Facsimile Number / E-mail Address						
F.	Financial:Jim Japczyk, Vice President and Chief Financial Officer						
	(847) 498-6440 / (847) 498-6498 / jfjapczyk@uiwater.com						
	Telephone Number / Facsimile Number / E-mail Address						
G.	Customer Contact (Toll Free Number): (800) 272-1919						
	Detailed a flower						
	Patrick C. Flynn This form was completed by forint name)						
	This form was completed by (print name)  Signature						
	Regional Director July 1, 2010						
	Title Date						

## **RETURN COMPLETED FORM TO:**

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201